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ABSTRACT

Little empirically-based research has been conducted on the effects of widowhood on males. The lifestyles of 26 elderly men widowed in 1978 were examined, with special emphasis on their living arrangements, heterosexual relationships, and attitudes toward remarriage. In-depth interviews conducted after the men had been widowed an average of two years and nine months revealed that most had stable lifestyles. Over half of the respondents lived alone; most of the others lived with relatives and also had some type of health problem. Most respondents had health problems; only three did not have a chronic illness. Over half expressed feelings of loneliness; health appeared to be the most important factor related to loneliness. Few complained about housework or cooking chores, although over half had help in one or both of these areas. Only nine widowers had dated since widowhood and most reported negative or ambivalent attitudes about remarriage. Age was the most prevalent reason given for reluctance to remarry. The findings suggest that more empirical information is needed to develop effective interventions to aid males coping with the effects of widowhood. (NRB)

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Three Years After Bereavement: Lifestyles of Elderly Men

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

This paper reports on the lifestyles of elderly men who were widowed in four months of 1978, with special emphasis on living arrangements, heterosexual relationships, and attitudes toward remarriage. Data was derived from information on wives' death certificates and in-depth interviews when the men had been widowed an average of two years and nine months.

There is little empirically-based research on widowhood among men in the social science literature. This is not especially surprising in view of several factors:

a) There are five times more widows 65 and over than there are widowers (AOA, 1980), due to the longer life span of women and the fact that men marry younger women.

b) Because of the excess of elderly widows, there is a popular notion that most widowers remarry, so that they do not remain in that state for long. Actually, a man who is widowed at age 65 or older has less than a one in four chance of remarrying (Cleveland & Gianturco, 1976) and this is reflected in the low marriage rate for men in this age group (Glick, 1979). The majority of elderly men who lose the spouse remain widowers until death.

c) Men are more difficult to interview. Because there are fewer of them, the sample is more difficult to find than a sample of widows. Once found, they may be more reluctant to discuss personal material, and because of past socialization to instrumental rather

than expressive roles, may be out of touch with feelings (Balswick, 1979).

What literature there is has typically compared widows and widowers on narrowly defined characteristics, often as sub-populations of large survey groups (Elwell & Maltbie-Crannel, 1980; Pihlblad & Adams, 1972; Petrowsky, 1976) or has focused on psychiatric or psychological effects of bereavement, usually in the year following loss (Carey, 1979; Glick, et al, 1974; Gerber, et al, 1975). With the exception of one researcher who based her report on a personal case study (Kohn & Kohn, 1978), there is little information in the literature comparable to that on the lifestyles and attitudes of widowed women (Lopata, 1970, 1979). This is an important lack, in view of the fact that some studies have shown widowed men to have higher rates of death (Gove, 1973), suicide (Gove, 1972; Berardo, 1970), and illness (Verbrugge, 1979) than married men. Effective intervention or prevention must be based, at least in part, on empirical information derived from the widowers' own definition of the situation. This study is a modest beginning.

The sample was recruited from surviving spouses of women 60 and over who died in four randomly selected months of 1978, and whose deaths were recorded in the City Hall of one Massachusetts coastal manufacturing city of 80,000. The women had lived and/or died in the city and the names of their spouses and their addresses were recorded. There were 43 of them. 1978 was selected because the spouses would have passed through the immediate effects of grief and bereavement and have had time to "settle in" to life as

a widowed person. But any longer than that and more would have been lost to the sample by death.

The nature of sample selection and the locale presented a unique opportunity to trace the whereabouts and living arrangements of every potential subject. I was able to do this using the telephone book (calling people of the same name who might have been relatives or neighbors, if necessary), postal forwarding addresses, city directories, and information from senior center and voter registration personnel. With a bit of detective work, I was able to gain information about every surviving spouse, an accomplishment which was necessary to eliminate any systematic bias in the sample.

Four men had died (9% of the potential sample), one of whom had died in a nursing home, and two men in their 80's who died in hospitals. One man in his 60's had had a heart attack on the golf course and died six months after his wife.

Six men (14% of the potential sample) had remarried. This rate is roughly comparable to what might have been expected on the basis of national figures noted earlier. Older men in the Northeast have lower rates of remarriage than those in the South and West (Treas & Van Hilst, 1976). The majority of older men remarry within a year or two (Vinick, 1978). One of these men had married a woman in her thirties with four young children, and had died of a heart attack a year later. The others were living (apparently happily) with their new spouses.

This left 33 men as potential informants. I was able to determine the living arrangements of all of them, and to inter-

view all but seven.*

Of these 33 men who were alive and single, two (6%) were in nursing homes, as might have been expected from the national rate of 5% institutionalized elders. The rest were living in the community: 20 (61%) alone; 8 (24%) with a relative, and 3 (9%) with an unrelated woman.

Among the interviewed sample of 26 widowed men (retirees who ranged in age from 63 to 93 60% of whom had been blue collar workers), change of residence after two-and-a-half to three years of widowhood was rare. Only four (15%) had moved -- one man in his 90's whose son had persuaded him to take up residence in a nursing home when his Parkinson's Disease worsened; one man who had sold his large house to move to an apartment with minimal upkeep; another who had moved to his sister's house when she became widowed herself; and one highly unusual individualist who had sold his home, moved to a group retirement residence, which he didn't like, then to an apartment until the rent was raised, and finally to his present apartment, where he was still unsatisfied. But stability of residence -- whether alone or with others -- characterized most, and most were determined to maintain that stability. The average length of residence was 24 years. Eight had made a move in the last five years (the four described above who had moved after

* Of these seven, two were disqualified because they had been separated from their legal wives for many years prior to her death, and one because he was only 56, having married an older woman. Four refused to be interviewed, one declining face-to-face, one whose daughter declined for him although he himself was willing, and two, lacking phones, who refused passively by not responding to notes and knocks on the door.

widowhood, and four who had moved a few years before), but the rest had lived in the same place at least ten years.

Over half (14) of those interviewed lived alone; the majority (9) of whom owned single or two-family houses in which they had lived with wives and raised their children, if they had had any.

The other 12 lived with others -- two with unmarried brothers, one with a sister, three with unmarried sons, one with a married daughter, and one with an unmarried daughter. Two lived with unrelated women, one of whom was a housekeeper and the other described as a "friend who was just visiting", although objects of decoration, such as pictures of her children and grandchildren, indicated that she was in residence.

Of those who lived with another, the stereotype of the needy old man moving to a relative's home for care and comfort did not hold. In most cases, unmarried children had always lived with the father, or siblings had moved in to the widowers dwelling to provide physical or financial aid. Only two men lived in someone else's home -- a man in his 70's suffering from congestive heart failure who had moved to his sister's house and a man in his late 80's who had moved to his married daughter's home with his wife several years before her death.

The majority of those who lived with another had some health problem. Living with someone else who shared household chores made life easier. All of those who received the lowest scores on a scale of incapacity lived with someone else. For three, institutionalization would probably have been necessary -- a bedridden man who lived with his divorced son, a blind man who

lived with his brother, and the man who lived with his married daughter.

Living alone or with others had no relationship to satisfaction with living arrangements, nor was there a difference between renters and owners. As with other areas of life, elderly widowers do not idealize their situations, but tend to accept things as they are. Less than half were "very satisfied" with their dwellings; most (54%) were "pretty satisfied", citing both good and bad features; but only three were "not satisfied" -- one man who was planning a move to California to be near his only daughter if his health permitted, one who had made a recent move to a nursing home, and one who was dissatisfied with his small apartment and thought he might move for the fourth time since widowhood.

Contrary to what might have been expected, few complained about the difficulty of housework (4) or cooking (3). Over half had some help in one or both areas. Fourteen men had some help with housework -- from the relative with whom they shared the home, or from homemakers paid privately or through the local council on aging. Most men who did housework themselves minimized the difficulty or had taken responsibility for housework when their wives were ill and simply continued in the role of housekeeper. Although they admitted that they did not spend as much time on housework as wives had done and performed cleaning chores irregularly, only two dwellings were rated "neglected" on a scale of one (immaculate) to five (neglected). One man insisted that I come to his daughter's home for the interview rather than to his own because he had "literally never cleaned" and was ashamed of its unkempt appearance.

Similarly, only three men complained about the difficulty of meal preparation. The most incapacitated were in nursing homes or lived with relatives who did the cooking. Others had meals prepared by relatives, ate in restaurants at least occasionally, or went to senior citizen's meal sites. More men took responsibility for housework than cooking. Only eight prepared lunch themselves at home, and only nine had dinner at home which they prepared themselves.

Most of the widowers in the sample had health problems. As in other areas of life, the prevalent attitude regarding health was to carry on as best one could, while not denying the problems. More than half (56%) had some difficulty walking. Almost half (42%) had become ill in the year preceding or following the wife's death. Only three did not have a chronic illness. The widowers' health is reflected in their self-assessments. The greatest number (11) rated their health "fair or poor"; fewer (8) perceived their health as "very good". No one said that health had become better since widowhood; 15 rated health the same, and nine said that their health had become worse. The half of the sample who responded that they were less active since becoming widowed almost always cited a health reason.

Of 24 men who responded, half were often (10) or sometimes (2) lonely. The others were never or seldom lonely. Somewhat surprisingly, loneliness was not related to living alone. In fact, the opposite was true: Of those who were often lonely, over half (55%) were living with someone else. Health seemed to be the most important factor related to loneliness; although self-rating of health was not significantly correlated with loneliness, the

degree of incapacity was significantly related (r_s=.3865, $p < .05$).* Men were less lonely who were able to get out of the house -- to go to meetings (χ^2=.033, V=.5332), to drive (r_s=.5825, $p<.01$), to go to a restaurant with friends or relatives (r_s=.6107, $p<.01$), for example. Popular wisdom proved correct in that those who performed services for others were less often lonely. Only 20% who served others were often lonely versus 57% of those who did not.

Loneliness was also relieved by having a dating relationship with a woman. But only five men were currently seeing a woman regularly, and only about a third of those interviewed (9) had ever had a "date" since widowhood. Six more of the men had women "friends" who were distinct in their minds from "girlfriends" with whom a relationship is based on the sexual distinction. Friends were widowed neighbors or chums of the late wife whom one helped out by giving rides shopping or to the doctor's office; or younger women whom one had known since childhood who were "adopted daughters" or "granddaughters" with whom one might have a meal, share problems, or even take a trip. In all, over half (15) had had some relationship with a woman, but not all of the relationships had romantic overtones. In general, those who had dated had few physical disabilities and lived alone. They had the mobility and opportunity to pursue a heterosexual relationship, as well as the desire to do so. They were not necessarily the younger widowers, ranging in age from the 60's to the 80's.

Dating was also related to feelings about remarriage.

* Correlations were computed by means of the Spearman non-parametric test.

Although only one man had definite plans to remarry (he was remodeling his house for his new bride), six out of ten men who were positive or ambivalent about remarriage had dated versus only two of 11 men who were definitely negative in their attitudes.

Not surprisingly in a sample of men who had remained single for at least two and a half years, most of the interviewees, including the daters, were ambivalent at best about remarriage. Only four men had definitely positive attitudes -- the man who was engaged, one man whose woman friend had died a few months previously, a thrice married man in his nineties who had recently moved to a nursing home, and another who perceived a lack of opportunities to meet eligible women.

Reasons advanced for the reluctance to remarry ranged from the general to the situation-specific. The most prevalent reason given was that remarriage was inappropriate because of age (8). This was usually expressed in personal terms of "just not being interested at my age." Others (6) were incapacitated or feared becoming so and did not want to become a burden to a spouse. "God forbid if I take sick or something like that. She'd have to take care of me. Would she throw me over or get rid of me or something? See?" said one. Interestingly, although not one man mentioned it directly, correlational analysis showed a significant relationship between having nursed the late wife and desire to remarry (r_s=.5869, $p<.003$). Men who had had responsibility for care of an ill wife apparently did not want to repeat the experience. Some may have expressed that reluctance by identifying with the plight of a future spouse who would have to nurse them.

A few mentioned satisfaction with freedom from marital constraints (2). "If I want to get up and lounge around in my pajamas all morning, I can," said one 77 year old man who had been dating a widow of 70 for a year and a half but had no intention of remarrying. Others (3) mentioned financial considerations -- not having enough income to remarry or the difficulty of changing arrangements for inheritance. Two others were sure that they could never replace the late wife. Among other factors mentioned were lack of opportunity to meet eligible women (2) and lack of interest in sex (2). One man saw his widowed neighbor daily in the summer. He missed her in the winter when he moved back to his house, but was fearful of moving permanently to her territory year round.

The widowers were generally more sensitive to the perceived approval of relatives than to friends in regard to dating and remarriage. One man broke off his relationship of a year when his sons expressed disapproval of the woman; the disapproval of the nieces and nephews of another childless man fueled his ambivalence about remarrying. But others who had dated felt only approval from children. Those who had not dated thought children would approve or professed not to know. Only a few felt that children would disapprove remarriage. Most would not venture a guess about friends' approval, however, and evinced no interest in their feelings.

Everyone queried approved of dating by people of similar age or believed "it's their business." Only one man stated blanket condemnation, quoting his mother that "old men should think of funerals, not weddings." Similarly, only five of 20 respondents expressed disapproval of remarriage. Only on the topic of living together without marriage did the widowers reflect stereotypical

notions of elder conventionality: More than three times as many expressed disapproval as would tolerate such an arrangement. While the majority knew others who had dated and remarried, few (5) knew others who co-habitated without marriage.

The men in this small sample, widowed two and a half to three years, have stable lifestyles living alone or with others. Most have satisfactory arrangements for housekeeping and meal preparation. The majority have health problems, and half express feelings of loneliness. Despite care and companionship that a spouse could provide, the majority have not courted and do not intend to remarry. Among barriers to remarriage are disabilities which prevent them from activities related to dating and courtship, and negative or ambivalent attitudes toward remarriage, focusing on retention of the status quo in their personal situations. Perceptions of the sanctions of others or internalization of societal norms against remarriage seemed less powerful influences.

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